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PTO/SB/05 (08-03)
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53 (b))</i>		Attorney Docket No.: 68.0416 First Named Inventor or Application Identifier: Arthur I. Watson Title: Multistage Pump and Method of Making Same Express Mail Label No.: EV 337 085 254 US	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> Specification <i>[Total Pages: 14]</i></p><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed-sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Descriptions of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure<p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113) <i>[Total Sheets: 5]</i></p><p>4. Oath or Declaration <i>[Total Pages: 4]</i></p><div style="margin-left: 20px;"><p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 16 completed)</i></p><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p></div></div><div style="flex: 1; margin-left: 20px;"><p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Copy</p><p>b. <input type="checkbox"/> Paper Copy</p><p>c. <input type="checkbox"/> Statement verifying identity of above copies</p></div></div></div>		ACCOMPANYING APPLICATION PARTS <div style="margin-top: 10px;"><p>7. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s))</p><p>8. <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p><p>9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p><p>10. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/Form 1449 Citations</p><p>11. <input type="checkbox"/> Preliminary Amendment</p><p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p><p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p><p>14. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35</p><p>15. <input type="checkbox"/> Other: _____</p></div>	
<p>16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: _____/_____</div></div> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
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<input type="checkbox"/> Customer Number or Bar Code Label		<i>(Insert customer No. or Attach bar code label here)</i>	
<input checked="" type="checkbox"/> Correspondence address below			
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Name (Print/Type)	Jeffrey E. Griffin		Registration No. (Attorney/Agent):
Signature			Date: 10/1/03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Arthur I. Watson

Attorney Docket No.: 68.0416

Serial No.:

Art Unit:

Filed:

Examiner:

For: **Multistage Pump and Method of Making Same**

Mail Stop: Patent Application
Commissioner for Patents
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CERTIFICATE OF MAILING

I hereby certify that this Fee Calculation Sheet (in duplicate) is being deposited with the United States Postal Service as Express Mail No. EV 337 085 254 US in an envelope addressed to: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joanne Hyland
Joanne Hyland

10/1/03
Date

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14910 Airline Road
Rosharon, Texas 77583-1590

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FEE TRANSMITTAL For FY 2003		Complete If Known																													
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number																													
		Filing Date																													
		First Named Inventor	Arthur I. Watson																												
		Group Art Unit																													
		Examiner Name																													
TOTAL AMOUNT OF PAYMENT \$1162		Attorney Docket Number	68.0416																												
METHOD OF PAYMENT (Check all that apply)		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES																													
Deposit Account Number 50-0457																															
Deposit Account Name Schlumberger Technology Corp.																															
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17																															
2. <input type="checkbox"/> Payment Enclosed:																															
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>201 385</td><td>Utility filing fee</td><td>\$770</td></tr><tr><td>1002 310</td><td>206 155</td><td>Design filing fee</td><td></td></tr><tr><td>1003 480</td><td>207 240</td><td>Plant Filing fee</td><td></td></tr><tr><td>1004 760</td><td>208 380</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>\$770</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	1001 770	201 385	Utility filing fee	\$770	1002 310	206 155	Design filing fee		1003 480	207 240	Plant Filing fee		1004 760	208 380	Reissue filing fee		1005 160	214 75	Provisional filing fee		SUBTOTAL (1)			\$770		
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2. EXTRA CLAIMS																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>30</td><td>-20 = 10</td><td>\$ 18.00</td><td>\$180</td></tr><tr><td>Independent Claims 5</td><td>-3 = 2</td><td>\$86.00</td><td>\$172</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra	Fee from below	Fee Paid	30	-20 = 10	\$ 18.00	\$180	Independent Claims 5	-3 = 2	\$86.00	\$172	Multiple Dependent Claims																	
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SUBMITTED BY		Complete (if applicable)																													
Typed or Printed Name Jeffrey E. Griffin		Reg. Number 36,534																													
Signature		Deposit Account User ID																													

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